

January 27, 2005

Montana Medicaid Notice

Physician, Mid-Level Practitioner and Pharmacy Providers

Prior Authorization Addition

Effective Immediately, payment for Eszopiclone (Lunesta®) will be authorized upon trial and therapy failure with at least **two** multiple source sleep inducing products. Approvals will be for a **maximum 15 tablets per month**.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or FAX to:

**Drug Prior Authorization Unit
Mountain Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 443-7014 or (800) 294-1350 (Fax)**

To request prior authorization, providers must submit the information requested on the *Request for Drug Prior Authorization Form* to the Drug Prior Authorization Unit. This form can be copied from page 5.9 of the *Medicaid Prescription Drug Program* manual or downloaded from the *Forms* section of the website. Both resources are available on the Medicaid Provider Information website at: <http://www.mtmedicaid.org>.

Any questions regarding this notice can be directed to Dan Peterson at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Contact Information

For claims questions or additional information, contact Provider Relations:

**Provider Relations in Helena and out-of-state: (406) 442-1837
In-state toll-free: 1-800-624-3958**

Visit the Provider Information website:

<http://www.mtmedicaid.org>